

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/638 063
APPLICANT(S)

FILING DATE
08-15-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6		2					56						
7		3					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		2					62						
13		2					63						
14		1					64						
15		1					65						
16		1					66						
17		2					67						
18		2					68						
19		3					69						
20		2					70						
21		3					71						
22		1					72						
23		2					73						
24		2					74						
25		1					75						
26		2					76						
27		1					77						
28		1					78						
29		3					79						
30		3					80						
31		1					81						
32		2					82						
33		11					83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	53						TOTAL DEP.						
TOTAL CLAIMS	56						TOTAL CLAIMS						